

IT IS ORDERED that the Application below is approved.


TRISH M. BROWN
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re: WILDHORSE MEADOWS, LLC) Case No: 18-32267-TMB
)
) APPLICATION FOR SPECIAL
) ADMISSION *PRO HAC VICE*,
Debtor(s)) **AND ORDER THEREON**
)
) Adv. Proc. No. (if applicable): _____
)
Plaintiff(s))
v.)
)
)
Defendant(s))

The undersigned, attorney for the following named party(s): Wildhorse Meadows, LLC
_____, moves for admission of the following attorney *pro hac vice*:

(a) **APPLICANT ATTORNEY INFORMATION**

(1) **Personal Data:**

- (A) Attorney's Name: **Amir Gamliel**
- (B) Firm or Business Affiliation: **Perkins Coie LLP**
- (C) Mailing Address: **1888 Century Park East, Suite 1700, Los Angeles, CA 90067**
- (D) Business Telephone Number: **310-788-9900**
- (E) Fax Telephone Number: **310-788-3399**
- (F) E-Mail Address: **agamliel@perkinscoie.com**

(2) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

(A) State Bar Admissions, Standing, Admissions Date and BAR ID Number: **State Bar of California, Good Standing, Admitted 12/6/2009, Bar No. 268121**

(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number: **U.S. Court of Appeals for the Ninth Circuit, U.S. District Courts for Central, Eastern, Northern and Southern District of CA**

(3) **Certification of Disciplinary Proceedings:**

☒ I certify that I am not now, nor have I ever been subject to any disciplinary action by any State or Federal bar association or administrative agency.

☐ I certify that I am now, or have been subject to disciplinary action from a State or Federal bar association or administrative agency (see attached letter of explanation).

(4) **Certification of Professional Liability Insurance:** I certify that I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

(b) **CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:** I certify that:

(1) I am a member in good standing of the Bar of this court, and that I will serve as designated local counsel in this particular case.

(2) I have verified the information supplied by the applicant in pt. (a)(2).

(3) **Local Counsel's Personal Data:**

(A) Name and Oregon State Bar ID Number: **Douglas R. Pahl, Bar No. 950476**

(B) Firm or Business Affiliation: **Perkins Coie LLP**

(C) Mailing Address: **1120 NW Couch Street, 10th Floor, Portland, OR 97209**

(D) Business Telephone Number: **503-727-2000**

(E) Fax Telephone Number: **503-727-2222**

(F) E-Mail Address: **dpahl@perkinscoie.com**

(4) **Meaningful Participation Requirements:** I certify that I have discussed the participation requirements of LR 83-3 with my associate counsel.

(c) **SIGNATURES OF COUNSEL**

/s/ Douglas R. Pahl

Local Counsel

NAME: **Douglas R. Pahl, OSB No. 950476**

ADDRESS: **1120 NW Couch Street, 10th Floor
Portland, OR 97209**

PHONE: **503-727-2000**

/s/ Amir Gamliel

Special Admissions Applicant

NAME: **Amir Gamliel**

ADDRESS: **1888 Century Park East, Suite 1700
Los Angeles, CA 90067**

PHONE: **310-788-9900**